Revision: HCFA-AT-81-34 (BPP)

10-81

State

Citation

Prohibition Against Reassignment of 4.21 Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # 81-9 Supersedes TN # 79-7

Approval Date 01/07/82 Effective Date 11/10/8/

August 1987

(BERC)

ATTACHMENT 4.22-A

Page 1

OMB No.: 0938-0193

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho \_\_\_\_

Requirements for Third Party Liability - Identifying Liable Resources

(b) (1) Frequency of data exchanges:

SWICA - Semi-monthly on new applicants; Quarterly and monthly on all recipients

BEERS - Monthly

WORKMANS COMPENSATION - Quarterly

MOTOR VEHICLE ACCIDENT FILES - Quarterly

TITLE IV-A - Twice per week

TRAUMA CODE EDITING - Conducted with each weekly cycle. Each claim is edited for trauma codes and, if present, the claim suspends for third party review on Monday of each week.

- (2) Follow-up Methods
  - (a) SWICA and BEERS When employment is identified for a recipient, the Central Office notifies the worker in the field office. The worker contacts the employer and verifies the third party resource. If a resource is identified, then the worker enters the TPR information directly into EPICS utilizing the third party screen. This information then becomes part of the regular EPICS/MMIS interface, which occurs two times per week. The field office has a 30 day period to work the verification process.
  - (b) Title IV-A This data exchange occurs as a part of the twice a week update between MMIS and EPICS as a function of the on-going data interface. Within 30 days, the worker must enter the information into EPICS.

TN No.	<u> </u>	Approval Date	CT 3	1 30000	•	
Supersedes		Approval Date	(1) A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 122.0	Effective Da	te 10/1/89
TN No.	81-23					
•		<del>.</del>			HCFA ID:10	76P/0019P

Revision: HCFA-PM-87-9 (BERC) August 1987 ATTACHMENT 4,22-A Page 1.a OMB NO.: 0938-0193

(2) (c) Health Insurance Information - No data exchange exists with health insurance agencies. Workmen's compensation data exchange is followed up by the Third Party Recovery Unit of the Bureau of Welfare Medical Programs within 45 days of receipt of the data exchange.

(3) Follow-up on State Motor Vehicle Accident Report file data.

The information obtained from the motor vehicle accident report file data exchange is worked and resources updated to the system within 45 days of receipt. The report will include the accident report numbers. The actual report will be requested from motor vehicles for any accident involving a Medicaid recipient for which claims have been paid.

A questionnaire will be sent to the recipient to determine if a claim has been filed against the liability insurance or if an attorney has been retained. If no response to the questionnaire is received within 30 days, a follow-up will be sent.

(4) Follow-up on Trauma Codes.

The Third Party Unit follows up on all claims submitted with a trauma code on a weekly basis. If a question exists as to the possibility of attorney involvement, a TPR questionnaire is sent within a week of the claims suspense. Providers are required to provide basic information at the time of claims submission regarding the how, when, and where of injuries. Cases with identified attorney involvement are routed to the Attorney General's office within five days. The AG contacts the attorney within 30 days of the claims arrival in the Third Party Recovery Unit.

On a monthly basis a report is generated that lists all claims that were returned to providers for trauma related diagnosis and were subsequently resubmitted. This is the TPR repayment summary report. The report lists diagnosis codes, total amount billed, Medicaid allowed amount, and other insurance payment if any. This report is reviewed to determine which diagnosis codes yield the highest and most consistent recoveries.

(BERC)

ATTACHMENT 4.22-B

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY	STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	AC
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State/Territory:	IDAHO	

### Requirements for Third Party Liability Payment of Claims

- 4.22-B (1) Recipients with third party resources, Medicare or injury diagnosis claims will suspend in the system by use of the edit process. These claims are routed to the TPR unit for manual review. If the provider has not billed the third party, the claim is returned with instructions to bill insurance.
  - (2) The Third Party Recovery Unit has a threshold amount of \$50.00 on injury related claims only. There is no threshold for claims with other identified resources.
  - (3) On a monthly basis, a report is generated showing, in recipient ID number order, all claims paid duiring that month showing a trauma related diagnosis code and a billed amount of \$50.00 and under. If the total for any one recipient exceeds \$50.00, a TPR injury questionnaire is sent to the recipient. Also, reports are kept six months and compared at the end of the six month period to determine if, over the six month period, the total of paid claims for any one recipient exceeds \$50.00.

Revision: HCFA-PM-91-8 October 1991

(MB)

ATTACHMENT 4.22-C Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	LDAHO	
Citation	Condition or Requirement	
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans	

TN No. <u>9/-22</u> Supersedes	Approval Date 1-33-92	Effective Date 10-1-91
TN No.		HCFA ID: 7985E

Attachment 4.30 Page 1

State/Territory:

OHAGI

#### Citation

#### Sanctions for Psychiatric Hospitals

1902(y)(1), 1902(y)(2)(A), and Section 1902(y)(3) of the Act (P.L. 101-508, Section 4755(a)(2))

(a) The State assures that the requirements of section 1902(y)(1), section 1902(y)(2)(A), and section 1902(y)(3) of the Act are met concerning sanctions for psychiatric hospitals that do not meet the requirements of participation when the hospital's deficiencies immediately jeopardize the health and safety of its patients or do not immediately jeopardize the health and safety of its patients.

1902(y)(1)(A) of the Act

(b) The State terminates the hospital's participation under the State plan when the State determines that the hospital does not meet the requirements for a psychiatric hospital and further finds that the hospital's deficiencies immediately jeopardize the health and safety of its patients.

1902(y)(1)(B) of the Act

- (c) When the State determines that the hospital does not meet the requirements for a psychiatric hospital and further finds that the hospital's deficiencies do not immediately jeopardize the health and safety of its patients, the State may:
  - terminate the hospital's participation under the State plan; or
  - provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the effective date of the finding; or
  - 3. terminate the hospital's participation under the State plan and provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the effective date of the finding.

1902(y)(2)(A) of the Act

(d) When the psychiatric hospital described in (c) above has not complied with the requirements for a psychiatric hospital within 3 months after the date the hospital is found to be out of compliance with such requirements, the State shall provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the end of such 3-month period.

**MAY 1986** 

Revision: HCFA-PM-86-9 (BERC)

ATTACHMENT 4.32-A

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**IDAHO** State:

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES REQUESTS TO OTHER STATE AGENCIES

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TN No.			The Contraction of the Contracti	. :			
Supersedes TN No.	Approval	Date		. 1	Effective	Date	· · · · · · · · · · · · · · · · · · ·
IN NO.					HCFA	TD:	0123P/0002P

Revision: HCFA-PM-87-4 (BERC)

**MARCH 1987** 

ATTACHMENT 4.33-A

Page 1

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_Idaho

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS
TO HOMELESS INDIVIDUALS

Medicaid eligibility cards for homeless individuals are marked to General Delivery.

TN No. <u>\$7-9</u> Supersedes TN No.

Approval Date 1-8-88

Effective Date 7-1-87

HCFA ID: 1080P/0020P

October 1991

(MB)

ATTACHMENT 4.34-A

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OMB No.:

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State/Territory:_	IDAHO
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REQUIREMENTS FOR ADVANCE DIRECTIVES UNDER STATE PLANS FOR MEDICAL ASSISTANCE

The following is a written description of the law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives. If applicable States should include definitions of living will, durable power of attorney for health care, durable power of attorney, witness requirements, special State limitations on living will declarations, proxy designation, process information and State forms, and identify whether State law allows for a health care provider or agent of the provider to object to the implementation of advance directives on the basis of conscience.

The State of Idaho has enacted the Natural Death Act, I.C. 39-4502.

The State of Idaho recognizes the right of a competent person to have his wishes for medical treatment and for the withdrawal of artificial life sustaining procedures carried out even though that person is no longer able to communicate with the physician. To accomplish this, the State of Idaho established the Living Will as an effective means for such communication.

Idaho Code under the Natural Death Act, I.C. 39-4502 definition of a "Competent person" means any emancipated minor or any person eighteen (18) or more years of age who is of sound mind.

The Natural Death Act, I.C. 39-4502, defines "Durable power of attorney for health care" as a durable power of attorney to the extent that it authorizes an attorney in fact to make health care decisions for the principal.

Any competent person may execute a document known as a "living will." A copy of a "Living Will" is attached for your information.

In order to implement the general desires of a person as expressed in the "living will," a competent person may appoint any adult person to exercise a durable power of attorney for health care. The power shall be effective only when the competent person is unable to communicate rationally. The person granted the durable power of attorney for health care may make health decisions for the person to the same extent that the principal could make such decisions given the capacity to do so.

TN No. 91-21	Approval Date
Supersedes T.N. No.	Effective Date 12-1-9/

October 1991

(MB)

ATTACHMENT 4.34-A

Page 1a OMB No.:

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	IDAHO
State/Territory:	IDAHO

The durable power of attorney for health care may list alternative holders of the power in the event that the first person named is unable or unwilling to exercise the power.

In Idaho Code, 39-4506, regarding revocation, it states, "A directive may be revoked at any time by the maker thereof, without regard to his mental state or competence, by any of the following methods:

- (a) By being cancelled defaced, obliterated or burned, torn or otherwise destroyed by the maker thereof or by some person in his presence and by his direction.
- (b) By a written, signed, revocation of the maker thereof expressing his intent to revoke.
- (c) by a verbal expression by the maker thereof of his intent to revoke the directive.

There shall be no criminal or civil liability on the part of any person for failure to act upon a revocation of a directive made pursuant to this section unless that person has actual knowledge of the revocation."

Regarding immunity and statement of conscience, Idaho Code 39-4500 states, "No physician or health facility, which, acting in accordance with the wishes of a patient as expressed by the procedures set forth in this chapter, causes the withholding or withdrawal of artificial life-sustaining procedures from that patient, shall be subject to civil liability or criminal liability therefrom.

Any physician or other health care provider who for ethical or professional reasons is incapable or unwilling to conform to the desires of the patient as expressed by the procedures set forth in this chapter may withdraw without incurring any civil or criminal liability provided the physician or other health care provider makes a good faith effort to assist the patient in obtaining the services of another physician or other health care provider before withdrawal. No person who exercises the responsibilities of a durable power of attorney for health care in good faith shall be subject to civil or criminal liability as a result."

TN No. 91-21	Approval Date /- >3-92
Supersedes T.N. No.	Effective Date 12-/-9/

October 1991

(MB)

ATTACHMENT 4.34-A

Page 1b OMB No.:

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State/Territory:	ІДАНО

State of Idaho, in addition to the Natural Death Act, has taken the following action to comply with HCFA's requirements for the advance directive.

The Department with input from the Self-Determination Task Force has developed a handout to be given to every hospital admission, nursing facility admission, and prior to every recipient receiving home health care (home health agencies, personal care R.N. supervisors, Federally Qualified Health Centers that provide inhome care, rural health clinics that provide inhome care, rural health clinics that provide inhome care), and prior to every recipient receiving services from hospice agencies. A copy is attached for your information.

The Department has developed a Memorandum of Understanding to assure compliance by participating providers.

TN No91-21	Approval Date 1-23-93
Supersedes T.N. No	Effective Date 12-1-9/

Revision: HCFA-PM-95-4 (HSQB) Attachment 4.35-A JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at \$488.404(b)(1):

TN No. <u>95-013</u> Supersedes TN No. <u>90-7</u>

Approval Date: 10-30-95

Effective Date: 7-1-95

Revision: HCFA-PM-95-4 JUNE 1995

(HSQB)

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

IDAPA 16.03.12.004.01

TN No. Supersedes
TN No. QD

Approval Date: 10-30-95

Effective Date: 7-1-95

Revision: HCFA-PM-95-4 JUNE 1995 (HSQB)

Attachment 4.35-C

are as specified in the regulations.)

STATE PLAN UNDER TITLE X	IX OF THE SOCIAL SECURITY ACT
State/Territory:	IDAHO
ELIGIBILITY CONDI	TIONS AND REQUIREMENTS
Enforcement of Complia	nce for Nursing Facilities
Temporary Management: Describe the crapplying the remedy.	iteria (as required at §1919(h)(2)(A)) for
X Specified Remedy	Alternative Remedy
(Will use the criteria and notice requirements specified in the regulation.)	(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring

IDAPA 16.03.12.017

TN No. 95-D/3
Supersedes Approval Date: 10-30-95 Effective Date: 7-1-95

Revision: HCFA-PM-95-4 (HSQB) Attachment 4.35-D JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

IDAPA 16.03.12.004.02

TN No. 95-0/3
Supersedes
TN No.

Approval Date: 10-30-95

Effective Date: 7-1-95

Revision: HCFA-PM-95-4 (HSQB) JUNE 1995 Attachment 4.35-E

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
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State/Territory: IDAHO

## ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

IDAPA 16.03.12.004.03

TN No. 95-0/3
Supersedes Approval Date: 10-30-95 Effective Date: 7-1-95
TN No.

Revision: HCFA-PM-95-4 (HSQB) Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

IDAPA 16.03.12.004.09

TN No. 95-0/3
Supersedes Approval Date: 10-30-95 Effective Date: 7-1-95
TN No.

Revision: HCFA-PM-95-4 (HSQB)

Attachment 4.35-G

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

\_\_\_\_ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

IDAPA 16.03.12.004.05

TN No. 95-0/3
Supersedes Approval Date: 10-30-95 Effective Date: 7-1-95
TN No.

HCFA-PM-95-4 JUNE 1995 (HSQB)

Attachment 4.35-H

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

The State will use the following additional remedies:

CATEGORY 1

Directed Plans of Correction - 16.03.12004.06

CATEGORY 2

A Ban on Admissions - 16.03.12004.06

CATEGORY 3

A Ban on Admission of persons with certain diagnosis or requiring specialized care - 16.03.12004.08

CATEGORY 4

Reduce Licensed bed capacity - 16.03.12004.10

TN#	95-013	Approval	Date:	-10-30-95
Supe	rsedes			
TN#		Effective	Deto:	7-1-95

(BPD)

ATTACHMENT 4.38A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

IDAHO

State/Territory:

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

None

TN No. 3/-27
Supersedes
TN No.

Approval Date 2-13-92

Effective Date  $\frac{l \circ / l / 2}{l}$ 

HCFA ID:

(BPD)

ATTACHMENT 4.38 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_

IDAHO

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

None

TN No. 9/-2 4/ Supersedes TN No.

Approval Date 2-/3-92

Effective Date 10-1-9/

HCFA ID:

Revision: HCFA-PM-93-1 (BPD)
January 1993

ATTACHMENT 4.39
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_\_Edaho

DEFINITION OF SPECIALIZED SERVICES

Specialized Services - Mental Illness

Specialized services for mental illness as defined in 42 CFR 483.120 (a)(1) are those services provided by the State which due to the intensity and scope can only be delivered by personnel and programs which are not included in the specialized rehabilitation services required of nursing facilities under 42 CFR 483.45

Specialized Services - Mental Retardation

Specialized services for mental retardation as defined in 42 CFR 483.400 (a)(1) are those services provided by the State which due to the intensity and scope can only be delivered by personnel and programs which are not included in the specialized rehabilitation services required of nursing facilities under 42 CFR 483.45.

TN No. 93-004
Supersedes Approval Date 4-27-93 Effective Date /-/-93
TN No.

Revision: HCFA-PM-93-1 (BPD) January 1993 ATTACHMENT 4.39-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Idaho

#### CATEGORICAL DETERMINATIONS

The State makes the following advanced group determinations by category.

- 1. An advanced group determination that nursing facility services are needed but the determination that specialized services are not needed requires more extensive evaluation by the State mental health or mental retardation authorities are:
  - a. Convalescent care from an acute physical illness which requires hospitalization and does not meet criteria for an exempt hospital discharge.
  - b. Terminal illness where the individual has a life expectancy of six months or less as documented by a physician.
  - c. Severe physical illness, e.g. COPD, CHF, Parkinson's Disease, Huntington's Chorea in their acute or severe stages; coma; amyotrophic lateral sclerosis; ventilator dependency; and brain stem level functioning.
- 2. Advance group determinations that nursing facility services are needed and specialized services are not needed are:
  - a. Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears, not to exceed seven days; and
  - Provisional admissions pending further assessment in emergency situations requiring protective services with placement in a nursing facility not to exceed seven days; and
  - c. Very brief and finite stays of up to 30 consecutive days in one calendar year to provide respite to in-home care givers to whom the individual with MI or MR is expected to return following the brief nursing facility stay.
- 3. Individuals with dementia which exists in combination with mental retardation or a related condition do not need specialized services.

(HSQB)

Attachment 4.40-A Page 1 OMB No.:

APRIL 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:IDAHO	
ELIGIBILITY CONDITIONS AND REQUIREMENTS	
Survey and Certification Education Program	

The State has in effect the following survey and certification periodic educational program for the staff and residents (and their representatives) of nursing facilities in order to present current regulations, procedures, and policies.

Education of LTC Facility Staff, Residents and Residents' Representatives are handled in the following ways.

- Periodic education programs are planned and carried out by the Survey Agency when there are extensive changes in the program. For example, when the new MDS requirement was instituted, training programs were held throughout the State.
- 2. During the survey process signs are posted in prominent places in the facility announcing that the survey is in progress. Survey personnel meet with any individual requesting a meeting including both staff, residents or residents' families.
- 3. The surveyors establish a time to meet with residents and their families in a resident counsel meeting held at each facility. The survey process is described and probe questions are asked regarding the care that residents receive.
- 4. Survey agency personnel regularly speak at training seminars and conferences held to update LTC personnel on new regulations.

TN No. 92.008 Supersedes TN No.

Approval Date 12-28-92

Effective Date 7-1-92

HCFA ID:

(HDQB)

Attachment 4.40-B Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_\_\_IDAHO

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for the Investigation of Allegations of Resident Neglect and Abuse and Misappropriation of Resident Property

The State has in effect the following process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide or a resident in a nursing facility or by another individual used by the facility in providing services to such a resident.

The state-wide complaint procedure which outlines the process for the receipt, timely review, and investigation of allegations of neglect, abuse and misappropriation of residents' funds is as follows:

#### I. DEFINITION OF TERMS:

ABUSE may include but is not limited to:

#### >Physical

- A nursing assistant strikes, slaps, pokes or punches a resident.
- \* A nursing assistant picks a fight with a resident and knocks him/her down.

#### >Mental

- A nursing assistant maliciously taunts or teases a resident.
- \* A nursing assistant threatens to prevent a resident from having any visitors in retaliation for something he/she did or said.
  - \* A nursing Assistant in a facility uses demeaning language to ridicule a resident.

#### >Sexual

- A nursing assistant sexually molests a resident.
- \* A nursing assistant forcefully requires a resident to participate in a sexual act.

#### >Maltreatment

\* A nursing assistant isolates and confines a resident in his/her room as a disciplinary measure.

NEGLECT may include but is not limited to:

>Actions that cause harm to the resident's health or welfare caused by negligence on the part of a person responsible for that resident's care.

>Intentional failure to report resident health problems or change in health problems or change in health condition to an immediate supervisor.

>Intentional failure to carry out a prescribed treatment plan for a resident.

TN No. 92-008			Effective Date	
Supersedes TN No.			Approval Date	12-28-92
-	HCF	A ID:		

APRIL 1992

Attachment 4.40-B Page 2 OMB No.:

STATE	MA.TO	UNDER	ጥፐጥ፣.ছ	XTX	OF	THE	SOCTAL	SECURITY	ACT

#### II. COMPLAINT INTAKE:

#### A. Phone

- The secretary will screen calls and refer the phone call to one of the surveyors with complaint investigation responsibility.
- The complainant will be asked to submit the complaint in writing with specific detail.

#### B. Mail

All incoming nursing assistant complaints will be routed to the Long Term Care (LTC) Supervisor for review and a determination as to whether or not it is to be logged as a complaint.

#### III. COMPLAINT TRACKING, PRIORITIZING, AND ASSIGNMENTS

- A. The LTC Supervisor will place it in a yellow file folder with a tracking slip.
- B. The LTC Supervisor will log the complaint on the Nursing Assistant Abuse Log and assign it for investigation.

(Complaints will not be assigned until they have been received in writing.)

C. All complaints regarding nursing assistant abuse and/or neglect will be conducted by two (2) surveyors, preferably within forty-eight (48) hours.

All complaints regarding nursing assistant misappropriation of resident property will be assigned to two (2) surveyors and investigated as soon as scheduling allows but within two (2) weeks.

D. The LTC Supervisor will place the complaint file folder in the rack file of the staff member/team assigned to investigate the complaint. This folder is to remain there at all times unless he/she is actively working on it.

This complaint folder and complainant identifying information should **NEVER** leave the office.

#### IV. INVESTIGATIVE PROCEDURES

- A. Nursing Assistant complaint investigations will be conducted and coordinated with key facility staff.
- B. The investigative process will begin with the facility administrator, then proceed with any other facility staff and/or residents involved with or familiar with the allegations made against the nursing assistant.
- C. Any documentation that the facility has available will be reviewed.
- D. The nursing assistant implicated in the complaint will then be

TN No. <u>92-008</u>		Effective Date	7-1-92
Supersedes TN No.		Approval Date	12-28-92
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APRIL 1992

Attachment 4.40-B Page 3 OMB No.:

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO
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D. The nursing assistant implicated in the complaint will then be interviewed for information surrounding the allegations. This interview should be held in private.

If the interview occurs in the office, the surveyors may make a request to the office manager for a member of the secretarial staff to be in attendance and take notes to accurately record the interview.

During the interview the nursing assistant should be informed that he/she may make a written statement to this office regarding the allegations.

When the surveyors are unable to reach the nursing assistant by phone to request an interview, the opportunity to comment will be offered via registered mail return receipt requested.

#### V. DOCUMENTATION

- A. Documentation of the investigation into the allegation shall include, at a minimum, the following:
  - The nature of the allegation;
  - Evidence that led the State to conclude that the allegation was valid or invalid;
  - If valid, date of the hearing, if the individual chose to have one;
  - 4. If a hearing is held, the hearing officer's decision; and
  - 5. Written statement by the individual disputing the allegations, if he/she chooses to make one.

#### VI. COMPLAINT INVESTIGATION REPORTS

- A. Upon completion of the complaint investigation, the surveyor(s) will make a written report of the findings, with supporting documentation, to the LTC Supervisor.
- B. As needed, the LTC Supervisor will schedule a committee meeting to discuss the facts of the case. The committee will be composed of the LTC Supervisor (chairman);

Deputy Attorney General; and Surveyors conducting the investigation.

If the findings of the complaint investigation validate the complaint against the nursing assistant, the LTC Supervisor will inform the nursing assistant, in writing, that he/she must notify this office within fifteen (15) working days whether or not they wish to request a hearing.

If the nursing assistant requests a hearing, in writing, the Department hearing procedures will be followed.

TN No. 92-008	Effective	Date	7-1-92
Supersedes TN No.			12-28-92
HCFA ID:			

APRIL 1992

Attachment 4.40-B Page 4 OMB No.:

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
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State/Territory: IDAHO

- C. The following reports will be written by the LTC Supervisor at the conclusion of the investigation and/or hearing:
  - Report #1: to the nursing assistant (notifying them of the findings, that information was forwarded to the Board of Nursing and that they may respond, in writing, to the Board of Nursing);
  - Report #2: to the facility administrator;
  - Report #3: to the complainant;
  - Report #4: to the Board of Nursing. (This report will include a copy of all documentation on the case.)
- D. The complaint packet will then be routed to the designated secretary for copying and mailing.
- E. The LTC Supervisor will close out the entry on the nursing assistant abuse log.
- F. After the copies of all complaint investigation reports are copied, mailed, and closed out, the secretary will break down the remaining packet into three (3) complete packets (nurse aide file, complaint file, and reading file copies) and file them.

TN No. 92-008
Supersedes TN No. \_\_\_\_\_ HCFA ID: \_\_\_\_\_ HEFA ID: \_\_\_\_\_

(HDQB)

Attachment 4.40-C Page 1

OMB No.:

STATE	PLAN	UNDER	ጥፐጥፒም	XTX	OF	THE	SOCTAT.	SECURITY	ACT

State/Territory:	IDAHO	
Drace/letitroia:	TDVUO	

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

The following procedure is used in scheduling and conducting standard surveys. Every reasonable effort is made to avoid notice to the facility.

- 1. Review the projected three-month schedule to determine what facilities must be done based on the expiration of the Provider Agreement.
- 2. Determine which facilities have had serious complaints that may indicate that a survey is needed outside the usual periodicity.
- 3. Determine what facilities have had Level A deficiencies in the past two months that must have a follow-up survey.
- Determine what facilities have serious deficiencies that require timely follow-up.
- 5. Based on the 120 day window, prioritize surveys that must be done and set the next months schedule according to the factors and priorities mentioned above.

Please note that the schedule is frequently changed. Even though there is a projected three month schedule, priorities such as facilities with Level A deficiencies or facilities with serious complaints or that require follow-up, often change the schedule. The survey schedule is flexible and accommodates a variety of unknowns that may arise on short notice.

TN No. 92-008 Effective Date 7-1-92 Approval Date 12.28-92 HCFA ID:

(HDQB)

Attachment 4.40-D Page 1 OMB No.:

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	IDAHO

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

Idaho employs the following process for investigation of complaints of violation of requirement by nursing facilities and monitoring on-site on a regular, as needed bases a nursing facility's compliance.

The Licensing and Certification program conducts the following activities in Long Term Care Facilities either alone or in combination:

- 1. Full Surveys
- 2. Follow-up Surveys
- 3. Complaint Investigations
- 4. Monitoring Requirements

In response to the three cited examples:

- (i) In a case where the facility has been found not to be incompliance with requirements and is in the process of correcting deficiencies to achieve compliance, monitoring requirements could be set to have the facility report on progress being made toward compliance. A follow-up visit would be scheduled to observe that all deficient areas are addressed and resolved depending on the specifics of the situation.
- (ii) In a case where the facility is found not to be in compliance, later comes to compliance but verification of continued compliance is indicated, one or more unannounced follow-up visits would be scheduled to verify continued compliance depending on the specifics of the situation.
- (iii) In a case where the State had reason to question the compliance of a facility, any of the above mentioned activities could be appropriate depending on the situation.

Please note that the Department has the responsibility for following up on all complaints and on all cited deficiencies, and the above-mentioned program activities are utilized to accomplish this as appropriate.

TN No. 92-008	Effective Date	7-1-92
Supersedes TN No.	Approval Date	12-28-92
HCFA ID:		

#### Attachment 5.1A

(a) I.C.A. 56-204 provides adequate legal authority for the Department to administer the Title XIX program within an approved method of personnel administration. The administration of personnel for the Department is integrated in a method of personnel administration for all covered State employees under I.C.A., Title 67-5301-5366; Title 67, Chapter 53, as amended July 1, 1976, Title 67, Chapter 52; and Rules and Regulations, Idaho Personnel Commission, 11-1-75.

## RULES AND REGULATIONS

of the

### IDAHO PERSONNEL COMMISSION

STATE OF IDAHO



#### STATE OF IDAHO

#### RULES AND REGULATIONS OF THE IDAHO PERSONNEL COMMISSION

Adopted January 5, 1967; Effective February 1, 1967. Revised or Amended, Effective: December 1, 1969; March 6, 1970; June 1, 1971; November 11, 1971; December 1, 1972; and November 1, 1975.

Published pursuant to the provisions of Title 67, Chapter 52 and Title 67, Chapter 53, Idaho Code

#### FEDERAL GRANT REQUIREMENTS

If any section of these rules shall be found to be in conflict with federal requirements which are a condition precedent to the allocation of federal funds to the state of Idaho, such conflicting rules or rule shall be inoperative solely to the extent of such conflict and with respect to the departments or programs directly affected, and such findings or determination shall not affect the operation of the remainder of these rules in their application to the departments concerned. The Idaho personnel commission shall make such rules and regulations as may be necessary to meet federal requirements which are a condition precedent to the receipt of federal funds for the state of Idaho.

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IDAHO PERSONNEL COMMISSION

OPTIONAL FORM NO. 10
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ESA PPINE (41 CFR) 101-11.6
UNITED STATES GOVERNMENT

## Memorandum

B. Jone atch 1.2

TO : Samuel N. Guida, Acting Regional Commissioner

DATE: February 27, 1974

Social & Rehabilitation Services

FROM : Marlaina Kiner, Director MK

Office for Civil Rights, Region X

SUBJECT: Idaho Title XIX Preprint Plan

The Idaho Department of Environmental and Community Services has submitted their revised Methods of Administration as required for the Title XIX Preprint Plan. This Office has reviewed the Methods of Administration and finds them acceptable at this time. However, the Office for Civil Rights requires that the following statement be included in all acceptances of State Plans.

Although the Statement of Compliance is presently considered acceptable, the implementing Methods of Administration submitted therewith will be subject to continuing assessment to determine their adequacy and effectiveness, in operation, in achieving full compliance with the Regulations. It may be necessary to request modification in, or additions to, these Methods from time to time.



Please include this language in your letter of approval to the Idaho State Agency.

cc: Fred Scott





#### STATE OF IDAHO

DEPARTMENT OF ENVIRONMENTAL AND COMMUNITY SERVICES

BOISE

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JAMES .

FEB 25 1974

OCR

February 21, 1974

Ms. Marlaina Kiner
Director, Office of Civil Rights
Region X, Dept. of HEW
M/S 137 Arcade Plaza Bldg.
1321 Second Avenue
Seattle, Washington 98101

Dear Ms. Kiner:

In response to your letter of January 31, our Methods of Administration have been revised and are enclosed for your review.

In addition to responding to the deficiencies enumerated in your letter, we have revised the statement to cover our additional responsibilities for non-discrimination on the basis of religion and sex under state law and executive order.

If you have any questions about the Methods of Administration or if any additional changes are required, please notify Mary Ruth Mann, Affirmative Action Officer, immediately.

Sincerely,

James A. Bax Administrator

JAB/jhh/Adm

Enclosure

attachment 7,2-A

## STATE OF IDAHO DEPARTMENT OF ENVIRONMENTAL AND COMMUNITY SERVICES

Cecil D. Andrus Governor Statehouse Boise, Idaho 83720

James A. Ba

# METHODS OF ADMINISTRATION CIVIL RIGHTS COMPLIANCE PROGRAM

- 1. The entire staff of this Department, including the institutions under its control, will be informed of its obligations under Title VI of the Civil Rights Act of 1964, Idaho Executive Order 72-4 and related laws and regulations through the mechanism of the regular department-wide channel of communications, viz., the intradepartmental staff meeting report and training conferences. In addition, there will be periodic review of the obligations of the staff under Title VI of the Civil Rights Act of 1964 and Idaho Executive Order 72-4 and related laws and regulations through special communications from this office.
- 2. The Department will include on authorizations for service and purchase orders issued to other agencies and institutions, including vendors and contractors such as hospitals, physicians, physical therapists, etc., with whom the Department contracts to provide benefits to individuals a statement along the following lines:

"In accepting this authorization for provision of services (or purchase order) the vendor agrees to comply fully with Title VI of the Civil Rights Act of 1964, the Regulations of the Department of Health, Education and Welfare thereunder, Idaho Executive Order 72-4, and related laws and regulations, and to make no distinction

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on the grounds of race, color, national origin, religion or sex in providing services to individuals under this authorization."

- 3. The Department of Environmental and Community Services, in the development of their state plans will insure that the needs of protected groups are included in such plans. This will be accomplished by:
  - a. Providing information to and consulting with organizations particularly concerned with the health and welfare problems of protected groups;
  - b. Including representation of minorities and of both sexes on planning and advisory boards and inviting relevant group(s) to recommend individuals for appointment to boards which lack such representation;
  - c. Taking into consideration distinctions based on race, color, national origin, religion and sex in availability of health and welfare services including effect of residential patterns on the provisions of services, identification of problems especially prevalent among minority and other protected groups and utilization of facilities and services by such groups;
  - d. Evaluating current health and welfare programs to determine the extent to which services are being provided to the groups described in No. 2 above, and the adequacy of such programs;
  - The planning process of the Department currently includes the A-95 review system which assures that Indian tribes are advise of any proposal for new federal grant projects, since they are active members of the regional councils of governments.

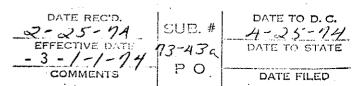
    The Department will seek to assure that other relevant protections are given similar opportunities for input in the proposition of the proposition o

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4. The Department will inform clients, potential clients, and the general public of the fact that services and other benefits under these programs are provided on a nondiscriminatory basis, and of their right to file a complaint with State and/or Federal agencies, if they believe that discrimination on the basis of race, color, national origin, religion or sex is being practiced. To implement this the Department will:

- Issue a news release to press, radio, television and other news media announcing that "The Idaho Department of Environmental and Community Services has filed a Statement of Compliance with the U. S. Department of Health, Education and Welfare under Title VI of the Civil Rights Act of 1964, Idaho Executive Order 72-4 and related laws and regulations that 'all services and other benefits of the Idaho Department of Environmental and Community Services are provided on a nondiscriminatory basis, as required by Title VI of the Civil Rights Act, Idaho Executive Order 72-4 and related laws and regulations, and any person may file a complaint with the Department or with the U. S. Department of Health, Education and Welfare, or both, if they believe that discrimination to the grounds of race, color, national origin, religion or sex is being practiced.'"
- and Community Services has filed a Statement of Compliance with the U. S. Department of Health, Education, and Welfare under Title VI of the Civil Rights Act of 1964 that "all



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services and other benefits of the Idaho Department of Environmental and Community Services are provided on a nondiscriminatory basis, as required by Title VI of the Civil Rights Act, Idaho Executive Order 72-4 and related laws and regulations, and any person may file a complaint with this Department or with the U. S. Department of Health, Education and Welfare, or both, if they believe that discrimination on the grounds of race, color, national origin, religion or sex is being practiced'" on all public notices, informational statements, brochures, etc., about services or benefits provided by the Department of Health, Education and Welfare grant-aided programs issued to the public, professional health groups, vendors of services employees, contractors, sub-grantees, local political subdivisions, other agencies and institutions.

Post notices or placards printed in prominent type containing the statement that "services and other benefits of the Idaho Department of Environmental and Community Services are provided on a nondiscriminatory basis with respect to race, color, national origin, religion or sex as required by Title VI of the Civil Rights Act, Idaho Executive Order 72-4 and related laws and regulations and any person should contact and may file a complaint with this Department, or with the U. S. Department of Health, Education and Welfare or both, if they believe that discrimination on the grounds of race, color, national origin, religion or sex is being practiced'", in a conspicuous place in the public reception areas of the offices and facilities of the Department.

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5. The Department will receive and evaluate such complaints as may be received, take prompt corrective action as may be necessary to correct discriminatory practices found to exist as a result of such complaints, and keep the appropriate Federal agency informed regarding the disposition of complaints. The methods and procedures for handling complaints will be as follows:

All complaints shall be submitted to the Administrator of the Department of Environmental and Community Services in writing; investigation and evaluation of a complaint will be carried out by a staff member designate by the Administrator of the Department of Environmental and Community Services; a report of the investigation will be made in writing; the Administrator will review the report and any other pertinent data and make a determination as to the validity of the complaint, and if indicated, take necessary action to correct any discriminatory practice found to exist; advise the complainant in writing as to the disposition of the matter; maintain a complete record of each complaint, the report of the investigation, and the disposition of the complaint, and make the record available to appropriate Federal Compliance agencies.

- 6. The Department will keep records on the sex and ethnicity of all staff and clients for statistical purposes and shall review such records periodically to evaluate possible discrimination in provision of services and in employment practices. Such statistical information shall be made available to appropriate compliance authorities upon request. The collection and maintenance of data shall be as follows.
  - a. Staff data is available by category and geographic region on the EEO-4 report and subsequent updates to be provided by the

Idaho Personnel Commission.

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- Data concerning clients on assistance payrolls is currently available by geographic area and programed within the existing Departmental data information system.
- Data on non-payroll clients is not currently maintained. information requirement is built into the services information system projected for implementation July 1, 1974. At such time, all current clients will be programed onto the system and statistical information on all client services will become available. Reports of this information will be reviewed periodically by appropriate program authorities. Such reports will be available to Federal compliance authorities upon request
- The Department will not participate in any training or employment program 7. which discriminate on any of the bases outlined in #2 above or on the basis of age (as specified in the Idaho Age Discrimination Act and the Federal Age Discrimination Employment Act of 1967.) Career development in departmental positions is the subject of an Intergovernmental Personne Act project between the Department and the Idaho Personnel Commission designed to develop career ladders, perform job analysis, revise present classifications, develop appropriate testing techniques, valida those techniques and develop career related training at all levels. career development positions are covered by the State Merit System. employment and training positions not governed by the merit system will be reviewed in advance and periodically for possible discriminatory impact on **protected** groups.
- There will be regular and continuous review of practices within the Departm**ent in the course** of normal supervision and direction of Depa<u>rt</u> ment activities by the Administrator of the Department of Environmental

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and Community Services, program directors and other supervisory staff members to assure that practices within the Department are in conformity with the regulations. At least yearly, and more frequently if indicated, supervisory and consultant staff members of the Department will, in the course of regular or special visits to other agencies and institutions including vendors and contractors, organization and political subdivisions which provide services or benefits under the Department of Health, Education and Welfare grant-aided programs, review and observe the practices within these agencies to assure that they are in conformity with the regulations.

There are no programs of this Department at this time which are not in compliance with the regulations.

Date: 12 22 /

TOAHO DEPARTMENT OF ENVIRONMENTAL AND/ COMMUNITY SERVICES

James A. Bax, Administrator

2-25-74 1-1-74 13-43a

January 30, 1974

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Office for Civil Righ (206) 442-7483

> Dr. James A. Bar State Department of Engironmental & Community Services Statehouse Boise, Idaho 83701

Dear Dr. Bax:

We have reviewed the Methods of Administration you submitted January p 1974. What you have developed as Methods of Administration comply with most of the regulations; however, some critical areas have not been included. In order for your Methods of Administration to be acceptable is is recommended that you incorporate the following three items.

Minority Participation on Planning and/or Advisory Roards

Describe the method for assuring that minorities will have the opportunity to participate on the various planning and/or advisory boards of the Department [45CFR 80.3 (b) (vii)].

2. Collecting and Maintaining Racial Data

Describe the method for collecting and maintaining racial data [45CFR 00.6 (5)] and making such data available to the Office for Civil Rights [45CFR 30.6 (e)].

Employment and Training

Describe the method for assuring that employment and training positions, supported by Federal funds, will be available to minorities [450FR 80.3 (c)].

- B. Identification of Need: To clearly identify the needs and services to be provided, which necessitates the exchange of information. The specific nature of the information sought from each party to the agreement includes all social, medical, psychological and psychiatric records on specific individuals, whether created by personnel of the parties to this agreement through direct contact with the specific individuals or created by contacts with other individuals who have furnished appropriate information to the parties to this agreement.
- C. Identification of the Use and Distribution of Final Product: To clearly identify that the use of which the information specified in Part III, B, will be put is: to adjudicate disability claims for the Department of Health and Welfare and the Division of Vocational Rehabilitation and/or to complete eligibility determinations for blind and/or disabled applicants or recipients. The final report, summary, or other final product within which the information will be contained is the official record folder of the blind and/or disabled applicant and/or recipient; and will be distributed to any other agency only with the particular applicant's or recipient's knowledge and written consent. Further, this agreement will not in any way affect or alter the specific duties and responsibilities of any party to the agreement.

#### IV. TERMINATION OF AGREEMENT

Any party may terminate this cooperative agreement at will, provided that notice of termination is given at least sixty (60) days in advance. The Idaho Department of Health and Welfare or Division of Vocational Rehabilitation may terminate this agreement without giving sixty (60) days advance notice if any

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